

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018500

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 119 Primary Registration District No. 4193 Registrar's No. 32

FILED JUN 11 1962

VS 300  
Rev. 4/59

6371  
20370

3  
4 0  
5 1  
6  
7 0  
8 2  
9 420.1  
10  
11  
12 291-0  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Gasconade</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Gasconade</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hermann</b>		Length of stay in 1b <b>3 Hrs.</b>	c. CITY OR TOWN <b>Morrison</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Missouri Pacific Depot E. Wharf St.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Morrison</b>
3. NAME OF DECEASED (Type or print) <b>GEORGE PETER KUEBLER</b>		4. DATE OF DEATH Month <b>May</b> Day <b>28</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Cau.</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-27-1912</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	9. AGE (last birthday) <b>49</b>
13a. FATHER'S NAME <b>John Kuebler</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Nolte</b>	11. BIRTHPLACE (City and state or country) <b>Morrison, Mo.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT Address <b>Mrs. Marie Kuebler--Morrison, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Sudden death probably due to myocardial Infarction</b>			INTERVAL BETWEEN ONSET AND DEATH <b>None</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>None known</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Hermann, Mo</b>	COUNTY _____ STATE _____
21. I attended the deceased from <b>1947</b> to <b>1962</b> and last saw her/him alive on <b>7-14-61</b> Death occurred at <b>9:30 A M</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Carol T. Shaw MD</b>		22b. ADDRESS <b>Hermann, Mo</b>	22c. DATE SIGNED <b>5-29-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6-1-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Assumption Catholic Cem.</b>	23d. LOCATION (City, town, or county) <b>Morrison, Missouri</b>
24. FUNERAL DIRECTOR <b>Herman Blumer, Inc. Hermann, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>5-29-62</b>	26. REGISTRAR'S SIGNATURE <b>Delma Uffelmann</b>

USE BLACK INK OR TYPEWRITER RIBBON

JUN 14 1962

JUN 20 1962

JUN 21 1962

MAR 5 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Quaf Brown

Licensed Embalmer No. 5187

P. O. Address Germann, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.